



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 2 - 0 0 1</u>	2. STATE: Indiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2002 \$290,358 b. FFY 2003 \$ N/A	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 7 to Attachment 2.6-A page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 7 to Attachment 2.6-A Page 1	
10. SUBJECT OF AMENDMENT: Increase in income standards for Aged, Blind, Disabled			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Melanie Bella Assistant Secretary, Medicaid Policy 402 W. Washington St. Indianapolis, IN 46204 ATTN: Tracy Brunner, State Plan Coordinator	
13. TYPED NAME: Melanie Bella			
14. TITLE: Assistant Secretary			
15. DATE SUBMITTED: 3/28/02			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 4/2/02		18. DATE APPROVED: 4/8/02	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/02		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Cheryl A. Harris		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Indiana

INCOME LEVELS FOR 1902 (f) STATES – CATEGORICALLY NEEDY WHO ARE  
COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

The State uses the maximum SSI FBR as the income standard for:

Unmarried applicant/recipient of any age; an applicant/recipient not living with a spouse

Married couple, either or both of whom are applicants/recipients

The State uses the SSI increment for:

A dependent child

An essential person

INCOME STANDARDS USED IN PARENT TO CHILD DEEMING  
(biological, adoptive parents)

The State uses the maximum SSI FBR for a single individual and married couple respectively for the following:

One parent of the child applicant/recipient

Two parents of the child applicant/recipient

Parental deeming rules apply except in the case of any blind individual with respect to whom the Secretary of Health and Human Services has made an individualized determination under 1614 (f)(2) of the Social Security Act that it would be inequitable to deem amounts of income or resources to him/her given the individual's circumstances. In cases where the Secretary has made an individualized determination under 1614(f)(2), deeming from the individual's parents will be limited to those amounts which the Secretary has not determined to be inequitable to be deemed under the individual's circumstances. (7-1-89)